Rhode Island Board of Respiratory Care

Position Statement

The practice of respiratory care in Rhode Island is governed by Chapter 23-39 of the Rhode Island General Laws, as amended. The Board of Respiratory Care (the "Board"), which sits at the Rhode Island Department of Health, is established pursuant to RIGL section 23-39-5. The duties of the Board, are in pertinent part: *(1) To evaluate the qualifications of applicants and review the required examination results administered by a testing agency approved by the Board; (2) To recommend issue of licenses to applicants who meet the requirements of Chapter 23-39; and (3) To administer, coordinate, and enforce the provision of Chapter 23-39; and investigate persons engaging in practices which may violate the provisions of Chapter 23-39.*[1]

Pursuant to RIGL 23-39-2 (5), *"respiratory care" (including respiratory therapy and inhalation therapy) means a health professional, under qualified medical direction, employed in the therapy, management, rehabilitation, diagnostic evaluation, and care of patients with deficiencies and abnormalities which affect the cardiopulmonary system and associated aspects of other system function.*

Further, a *"respiratory care practitioner" means a person who is licensed to practice respiratory care in Rhode Island. The respiratory care practitioner may transcribe and implement a physician's written and verbal orders pertaining to the practice of respiratory care as defined* above[2].

Section 9.0 of the *Rules and Regulations for Licensing Respiratory Care Practitioners* promulgated by the Rhode Island Department of Health (last amended September 2007) states that, "Respiratory care provided by respiratory care practitioners shall be consistent with prevailing standards of practice."

It is the position of the Board that respiratory care therapies, including but not limited to, non-invasive ventilation, nasal continuous positive airway pressure **(**CPAP**)**, bi-level positive airway pressure (BIPAP)**,** and the administration of nebulizers with medications fall within the prevailing scope of practice of respiratory care practitioners.

Therefore, respiratory care therapies (other than the administration of oxygen therapy) must be administered, or caused to be administered, by respiratory care practitioners or other licensed persons acting within the scope of their practice.

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[1] See RIGL section 23-39-6. Language *in italics* is taken directly from the statute.

[2] See RIGL subsection 23-39-2 (6).

With regard to oxygen therapy, a licensed respiratory care practitioner or other licensed person acting within the scope of his/her practice must visit a patient receiving oxygen therapy within twenty-four (24) to forty-eight (48) hours of the patient arriving at home and must verify prescribed therapy, evaluate the patient relative to the oxygen therapy, instruct patient/caregiver(s), and document same.

Self-administration of a respiratory care therapy by a patient or administration by a patient's caregiver does not relieve the licensed respiratory care practitioner or other licensed practitioner acting within the scope of his/her practice of the duty to instruct the patient and deliver the initial respiratory care therapy.

Finally, a license as a respiratory care practitioner shall not be required for persons who transport or deliver compressed gas cylinders or other respiratory care devices to a patient's home, hospital, or other location(s).